

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CAMPAIGN MONEY WATCH

(b) Address (number and street) ☐ check if different than previously reported

CAMPAIGN MONEY WATCH 1133 19TH STREET NW 9TH FLOOR

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C30000160

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

through

M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 1 0

### 5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 1 0

(b) Communication Title Gun Dealer

### 6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

### 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☒No ☐

### 8. Custodian of Records

(a) Name

David Donnelly

(b) Address (number and street)

Campaign Money Watch

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Public Campaign Action Fund

(e) Occupation

National Campaigns Director

### 9. Total Donations This Statement

350000.00

### 10. Total Disbursements/Obligations This Statement

41000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

David Donnelly

SIGNATURE Electronically Filed by David Donnelly

DATE 10/13/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

Image# 10931430987  
**SCHEDULE 9-A**  
**Donation(s) Received**

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**A.** Full Name of Donor

Service Employees International Union

Mailing Address of Donor  
1800 Massachusetts Ave

City	State	Zip
Washington	DC	20036

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	0

Amount

350000.00

Transaction ID : F92.000001

**SUBTOTAL** of Donations This Page (optional).....

350000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

350000.00

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	41000.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	41000.00